## Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

LIE 176

| CLAIMS AS FILED - PART I   |  |   |                  |                               |                              |                   | SMALL ENTITY |                    |                        |         | OTHER THAN          |                        |
|--|--|---|------------------|-------------------------------|------------------------------|-------------------|--------------|--------------------|------------------------|---------|---------------------|------------------------|
|  |  |   | (Column 1)       |                               | (Column 2)                   |                   |              | TYPE               |                        | OR      | SMALL ENTITY        |                        |
| TOTAL CLAIMS   |  |   | 7                |                               | erige or the engineering     |                   | Γ            | RATE               | FEE                    |         | RATE                | FEE                    |
| FOR  |  |   | NUMBER FILED     |                               | NUMBER EXTRA                 |                   | В            | ASIC FEE           | 375.00                 | OR      | BASIC FEE           | 750.00                 |
| TOTAL CHARGEABLE CLAIMS  |  |   | minus 20=        |                               | * Ø                          |                   |              | X\$ 9=             |                        | OR      | X\$18=              |                        |
| INDEPENDENT CLAIMS   |  |   | minus 3 =        |                               | * Ø                          |                   |              | X42=               |                        | OR      | X84=                |                        |
| MU   | LTIPLE DEPEN                                   | IDENT CLAIM PE                            |                  |                               |                              |                   | +140=        |                    | OR                     | +280=   |                     |                        |
| * If   | the difference                                 | in column 1 is                            | less than ze     | ero, enter                    | r "0" in c                   | "0" in column 2   |              | TOTAL              |                        | OR      | TOTAL               | 750                    |
|  | С  | LAIMS AS A                                | MENDE            | ENDED - PART II               |                              |                   |              |                    |                        |         | OTHER               |                        |
|  |  | (Column 1)                                |                  | (Colur                        |                              | (Column 3)        |              | SMALL ENTITY       |                        |         | OR SMALL ENTITY     |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY                 | PRESENT<br>EXTRA  |              | RATE               | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus            | **                            |                              | =                 |              | X\$ 9=             |                        | OR      | X\$18=              |                        |
|  | Independent                                    | * NTATION OF MI                           | Minus            | ***                           | T CL AIM                     | -                 |              | X42=               |                        | OR      | X84=                |                        |
|  | THOTTREE                                       | INTERIOR OF IM                            | JETH LE DE       | LINDEN                        | ODAIN                        |                   |              | +140=              |                        | OR      | +280=               |                        |
|  | . 7  |   |                  |                               |                              |                   | ΔΓ           | TOTAL<br>DIT. FEE  |                        | OR      | TOTAL<br>ADDIT. FEE |                        |
|  | 17   | (Column 1)                                |                  | (Colu                         | mn 2)                        | (Column 3)        | AL           | - UII. I III       |                        |         |                     |                        |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | HIGH                          | HEST<br>IBER<br>OUSLY        | PRESENT<br>EXTRA  |              | RATE               | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus            | **                            |                              | =                 |              | X\$ 9=             |                        | OR      | X\$18=              |                        |
|  | Independent                                    | *   | Minus            | ***                           |                              | =                 |              | X42=               |                        | OR      | X84=                |                        |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAI  |   |                  |                               |                              | U                 | 1            | .146               |                        |         | 1000                |                        |
| +140=  |  |   |                  |                               |                              |                   |              |                    |                        | OR      | +280=<br>TOTAL      |                        |
|  |  |   |                  |                               |                              |                   |              | TOTAL<br>DDIT. FEE |                        | OR      | TOTAL<br>ADDIT. FEE |                        |
| (Column 1) (Column 2) (Column 3)   |  |   |                  |                               |                              |                   |              |                    |                        |         |                     |                        |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | PREVI                         | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA  |              | RATE               | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus            | **                            |                              | =                 |              | X\$ 9=             |                        | OR      | X\$18=              |                        |
|  | Independ nt                                    | *   | Minus            | ***                           | T () A !! 4                  | =                 |              | X42=               |                        | OR      | X84=                |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                  |                               |                              |                   |              | +140=              |                        |         | +280=               |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." |  |   |                  |                               |                              |                   |              |                    |                        | OR      | TOTAL               |                        |
| **   | If the "Highest Nu                             |   | aid For" IN TH   | IS SPACE                      | is less tha                  | n 20. enter "20." | " AD         | DIT. FEE           |                        | OR      | ADDIT. FEE          |                        |
|  | The "Highest Nur                               | mber Previously Pa                        | id For" (Total o | or Independ                   | lent) is the                 | highest numbe     | er found     | d in the app       | propriate bo           | x in co | olumn 1.            |                        |